

**BUREAU OF BARBERING AND COSMETOLOGY**

P.O. BOX 944226

SACRAMENTO, CA 94244-2260

INFORMATION: (916) 445-7061 FAX (916) 445-8893

**PLEASE PRINT OR TYPE**

First Name		Middle Initial		Last	
Address		City		State	Zip Code
Social Security Number			Daytime Phone Number ()		
License Type (Check all that apply): <input type="checkbox"/> Barber <input type="checkbox"/> Cosmetology: _____ field(s) of specialty <input type="checkbox"/> Electrology <input type="checkbox"/> Esthetician <input type="checkbox"/> Instructor <input type="checkbox"/> Manicurist			License Number(s): Expiration Dates(s): _____ _____ _____ _____ _____ _____		
Are you certified by the Bureau for Private Postsecondary Vocational Education (BPPVE) in the licensed category/categories you checked above? <div style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></div>					
Are you currently working as a licensed profession in the barbering, cosmetology, or electrology industry? If so, generically indicate your workplace (i.e., school, salon, movie set, etc.) Yes <input type="checkbox"/> _____ No <input type="checkbox"/>					
Are you currently teaching in a school? (LICENSED OR CERTIFIED INSTRUCTORS ONLY) <div style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></div>					
What days would you be available to participate in a workshop? Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/>					